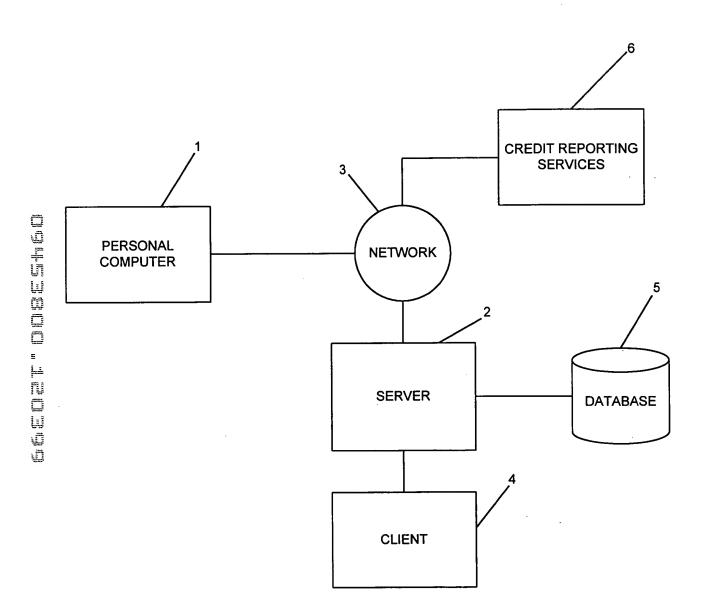
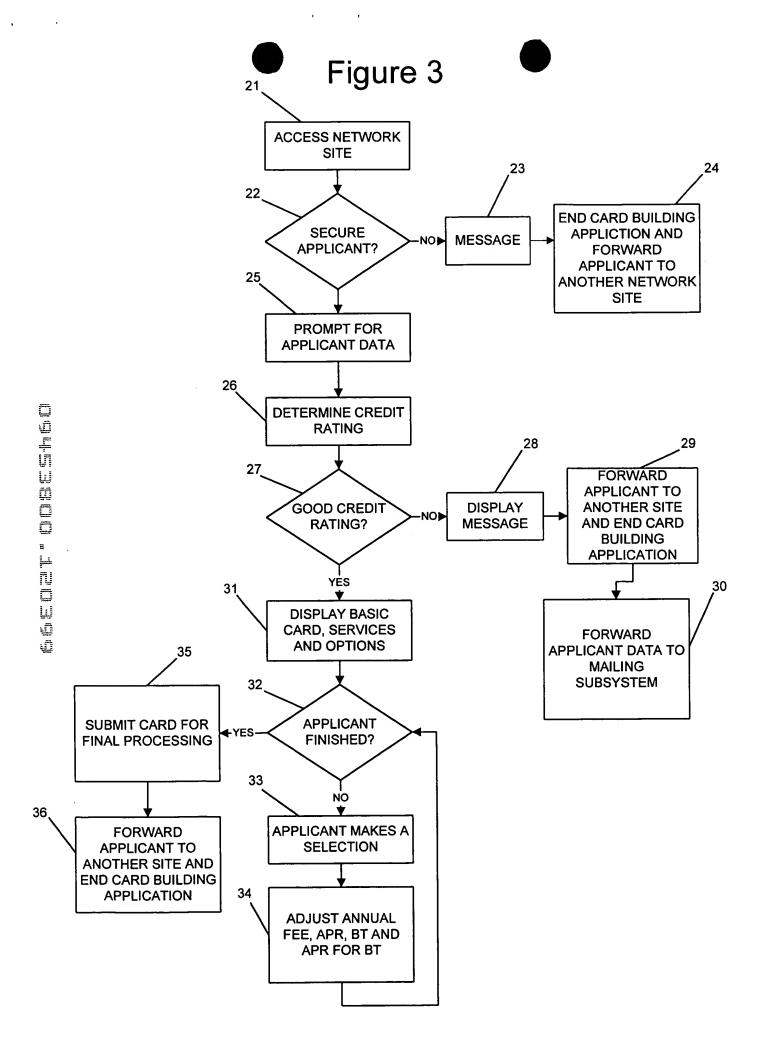
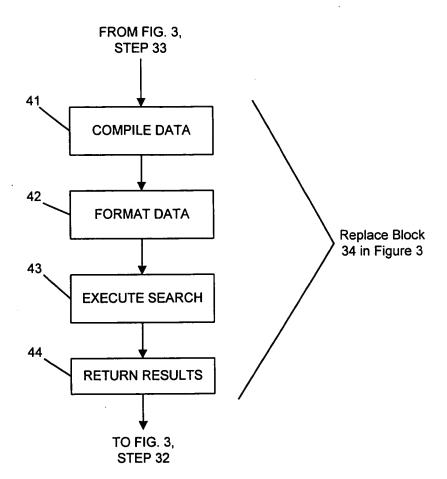
Figure 1







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CITIBAN(CE)

Welcome

About yourself (as you wish it to appear on your card)

First name:

John

Middle name:

R.

Last name:

Smith

E-Mail:

jrs@hbrun.com

Social security number:

122 - 55 - 5555

Date of birth (month/day/year):

1 11 / 50

About your income

You do not need to include your spouse's income, alimony, child support, separate maintenance or other income unless you want us to consider it in connection with this application. Your total yearly income from all your sources must be at least \$25,000 to be considered for card membership.

Your total personal yearly income:

\$ 33,000

INSTANTIAPPLY

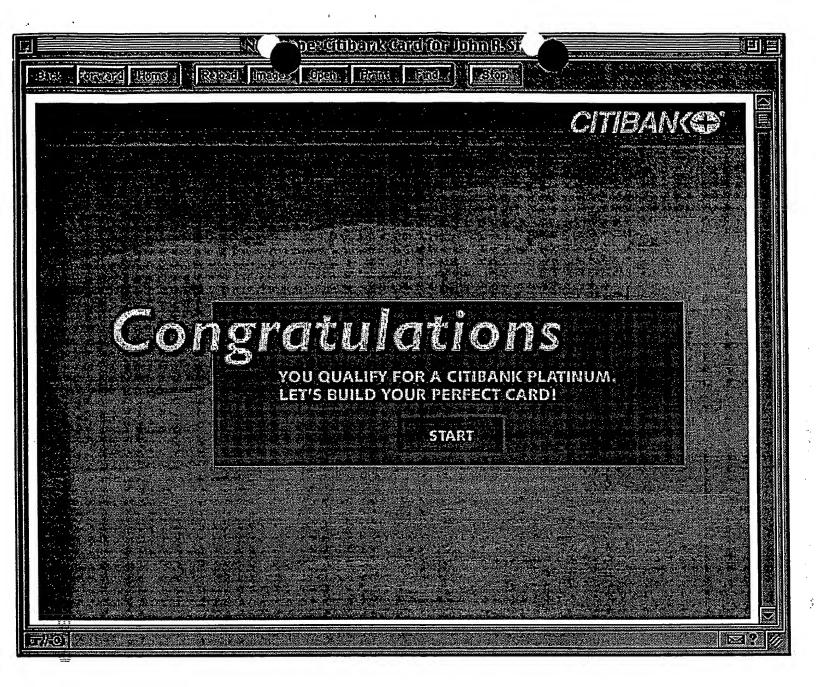


Figure 6



Figure 7

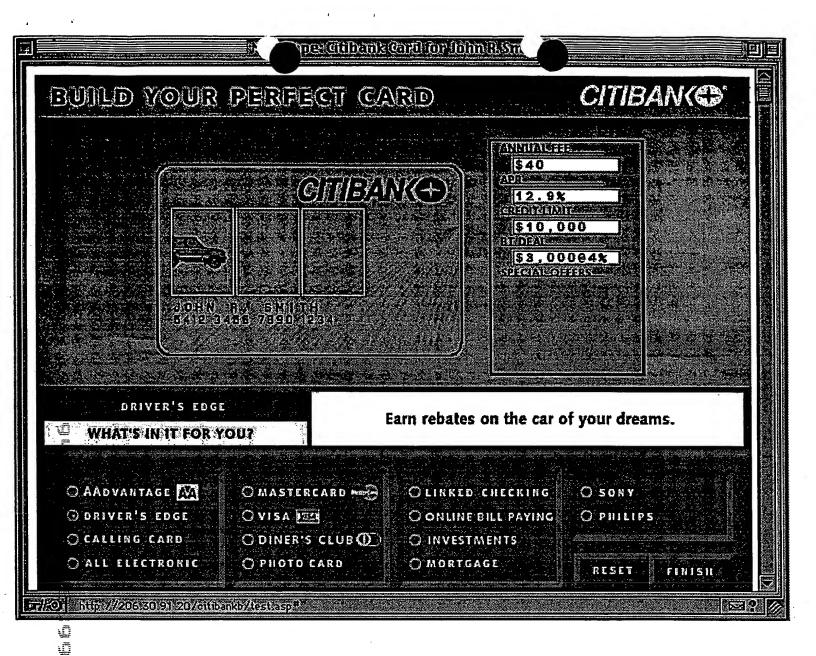


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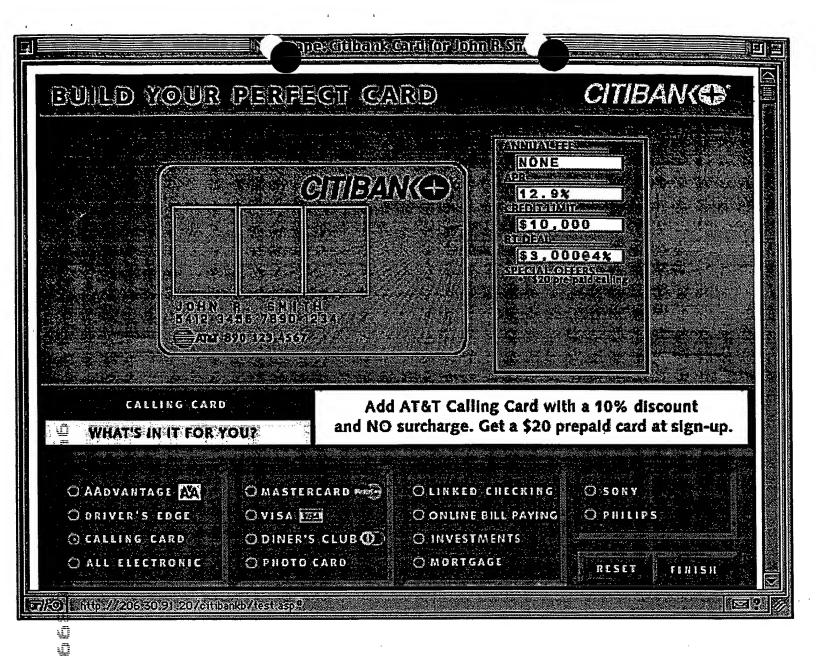


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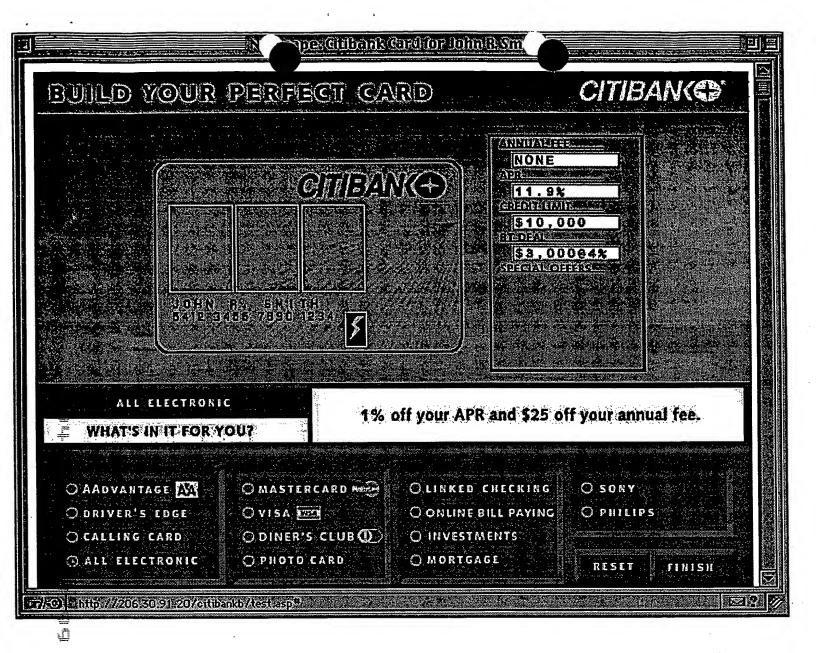


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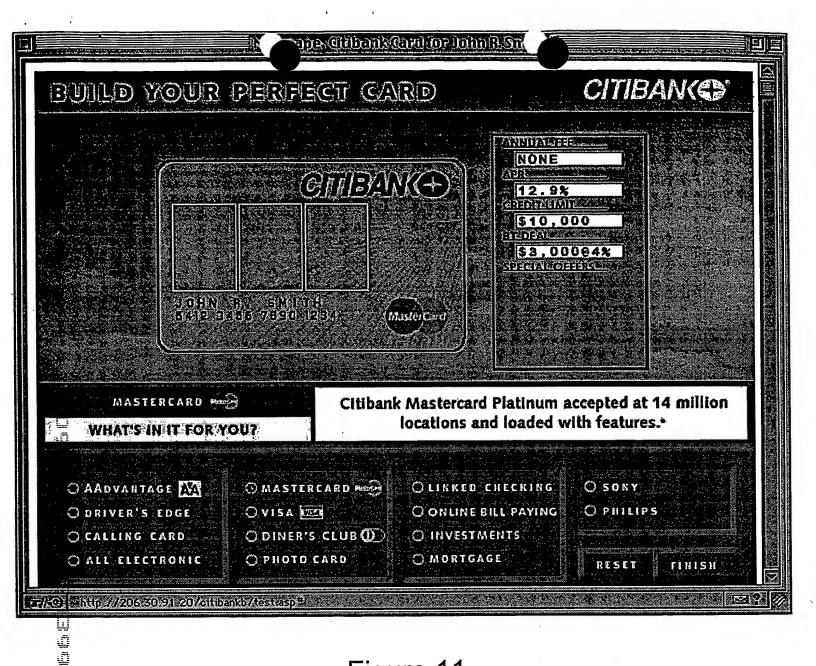


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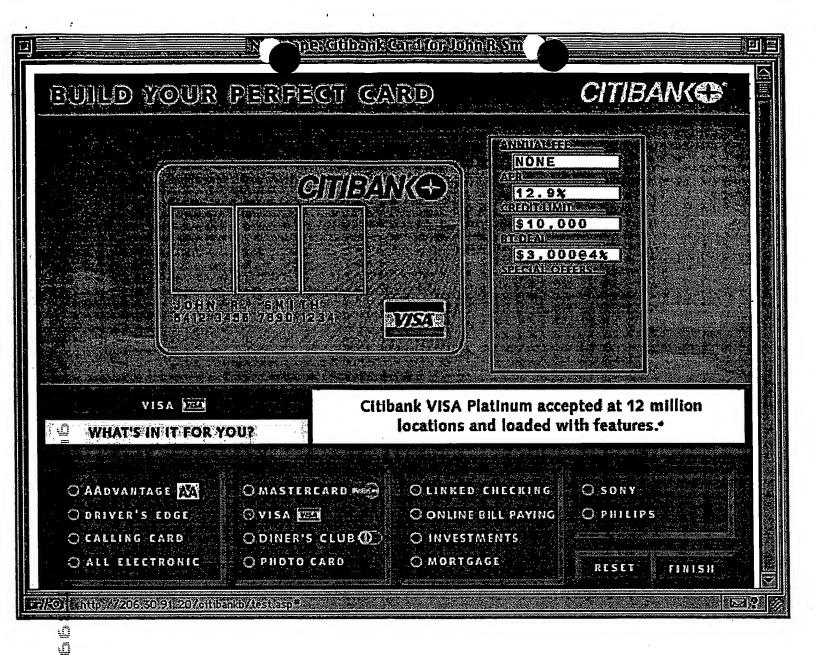


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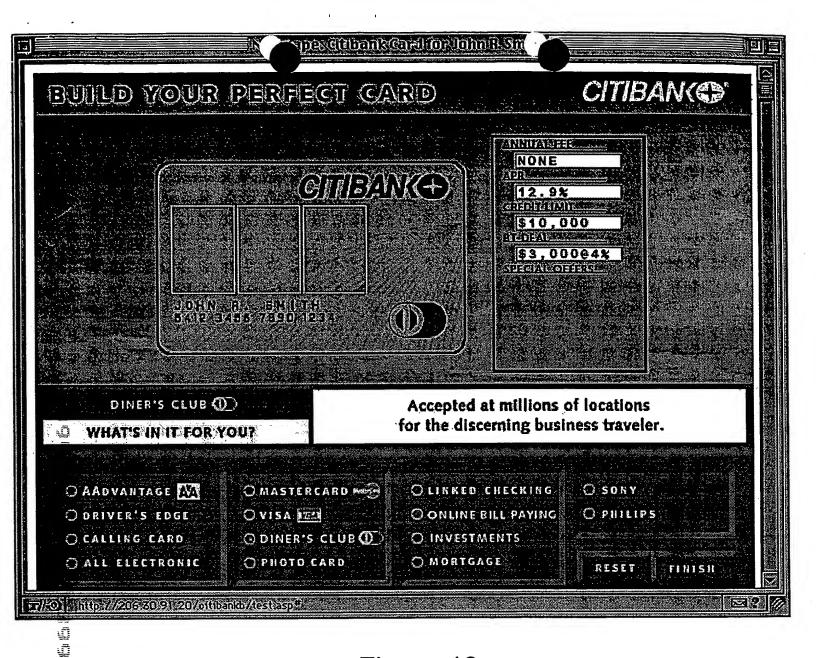


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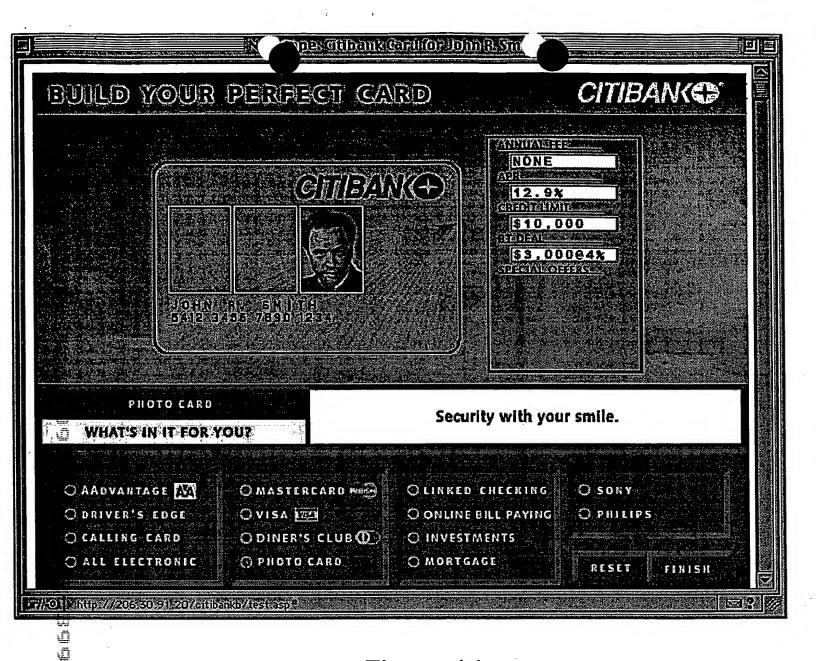


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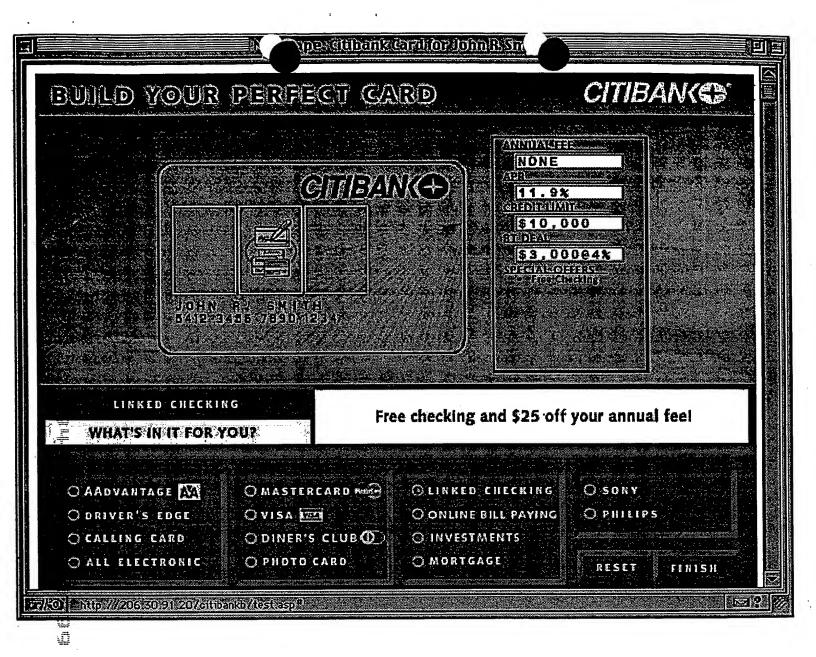


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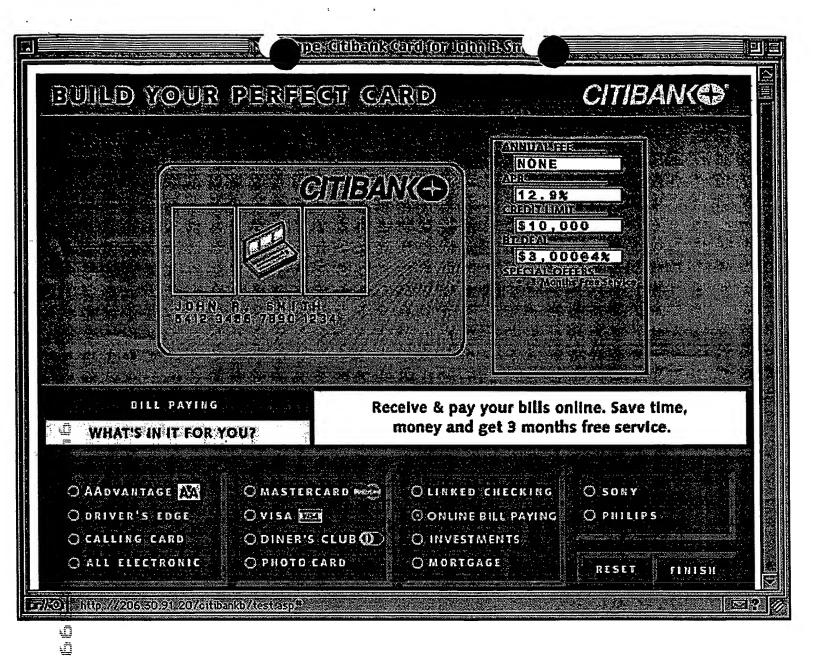


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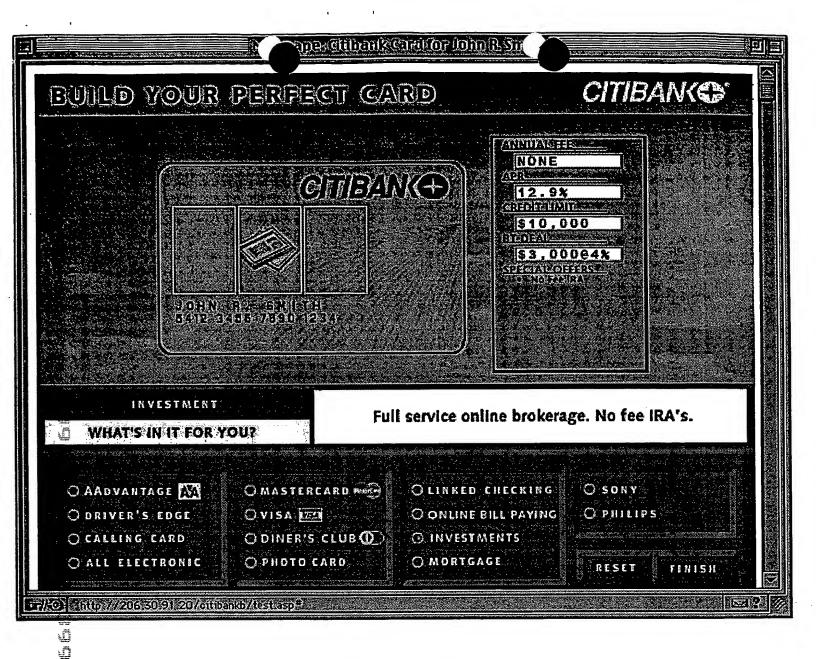


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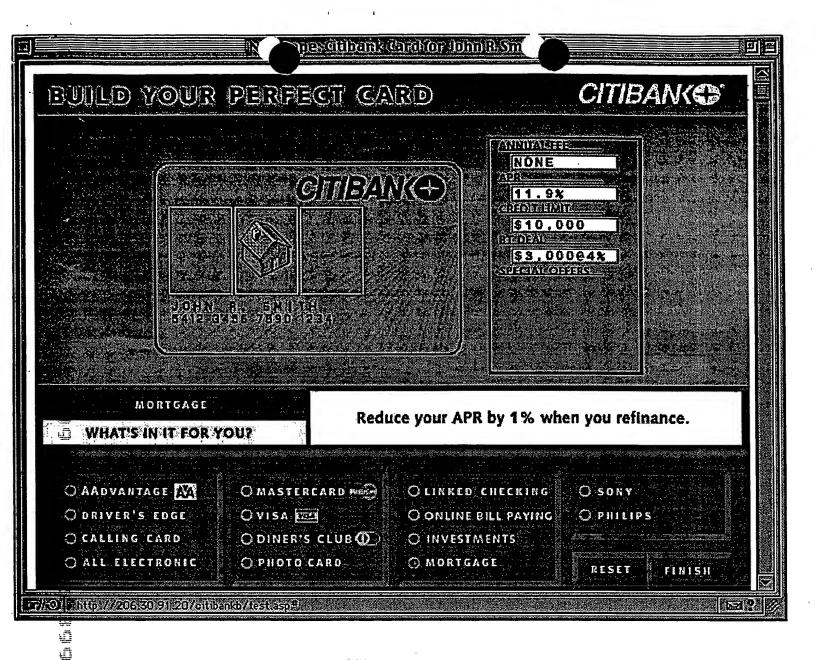


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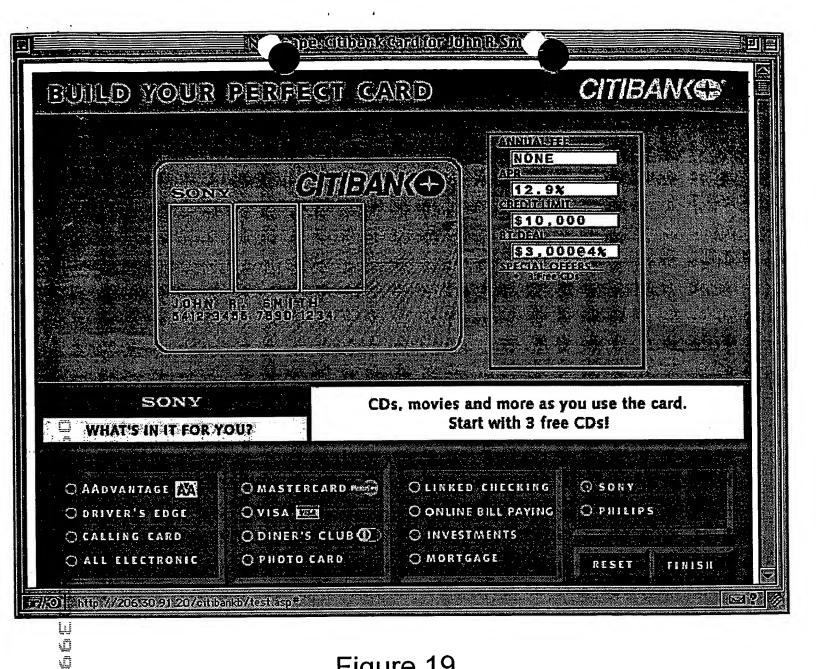


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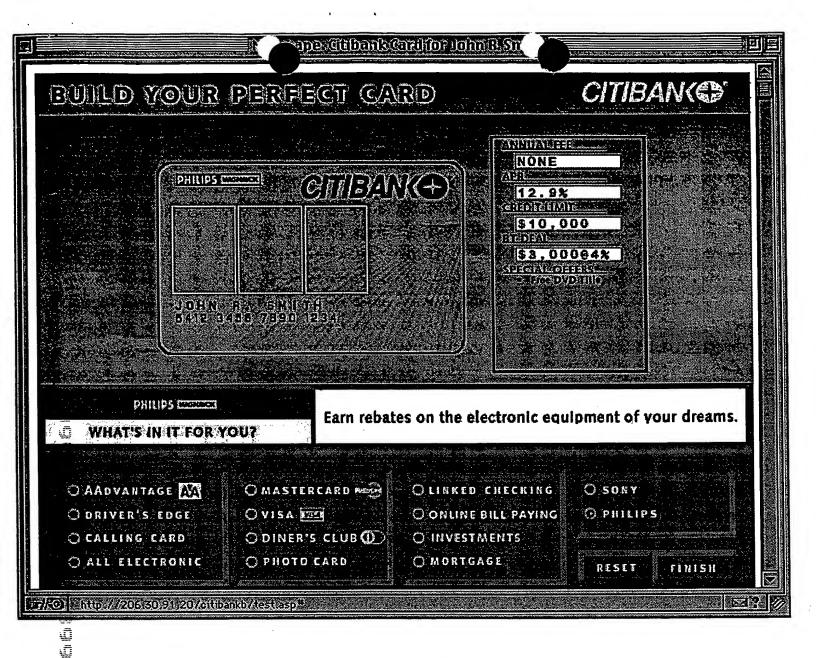


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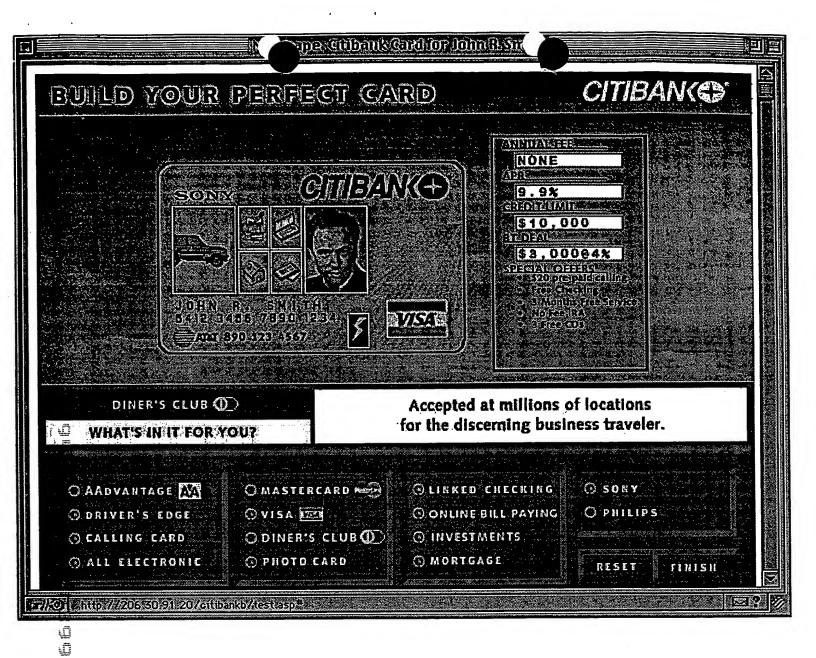


Figure 21



Figure 22

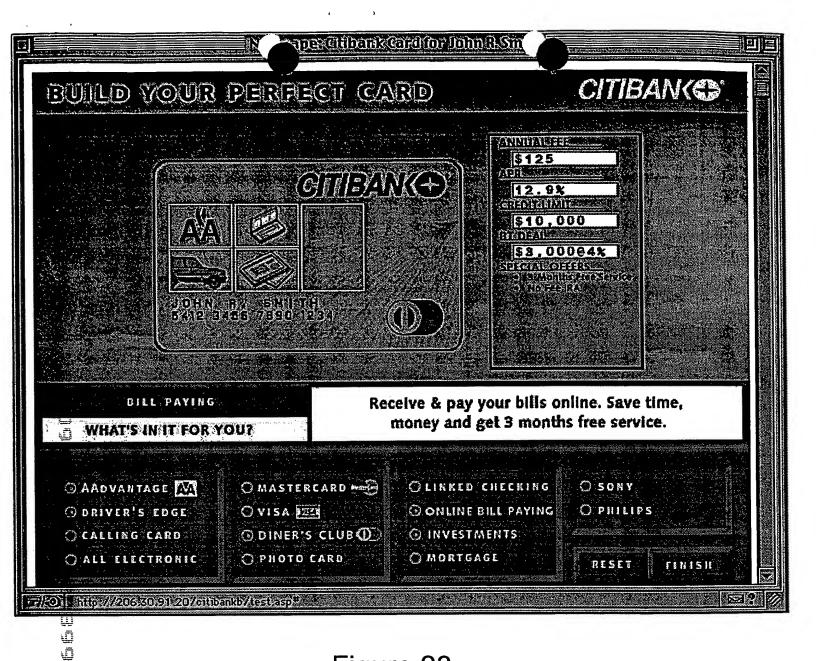


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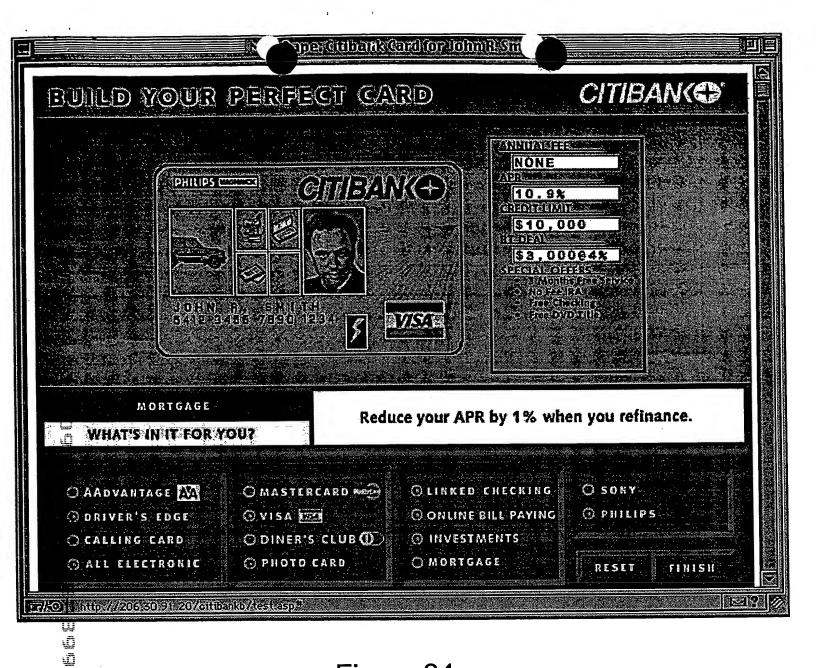


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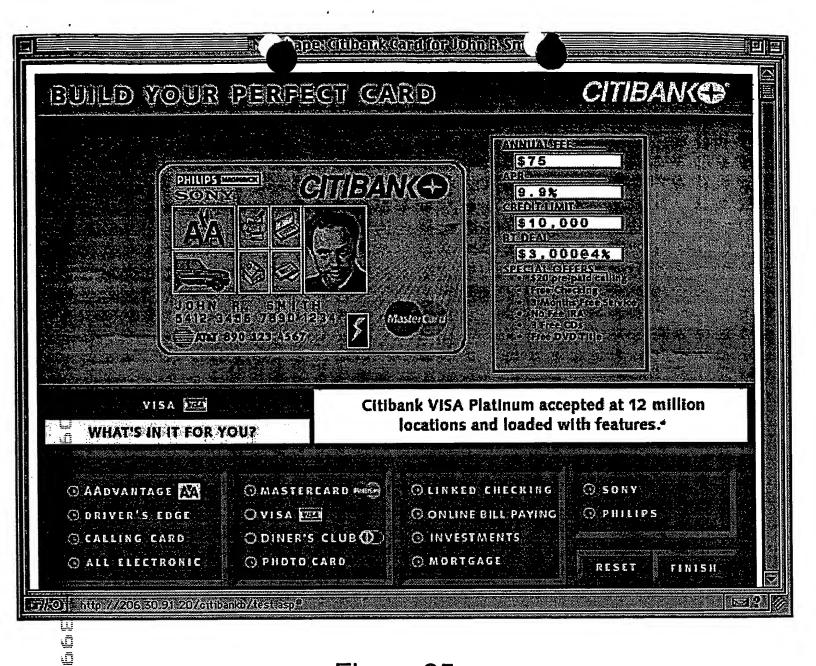
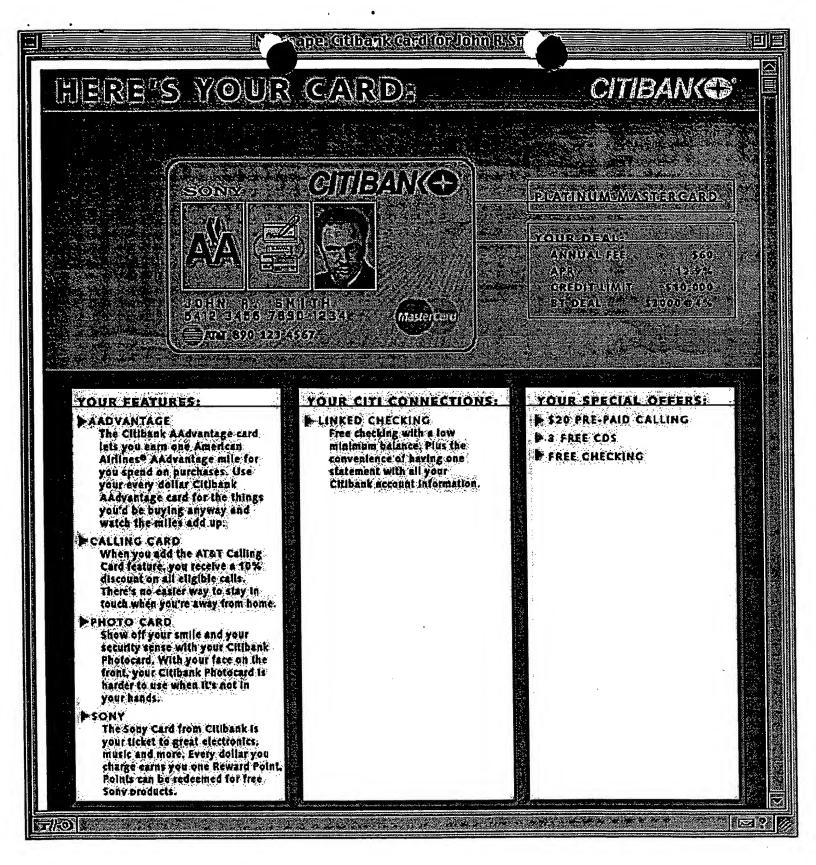
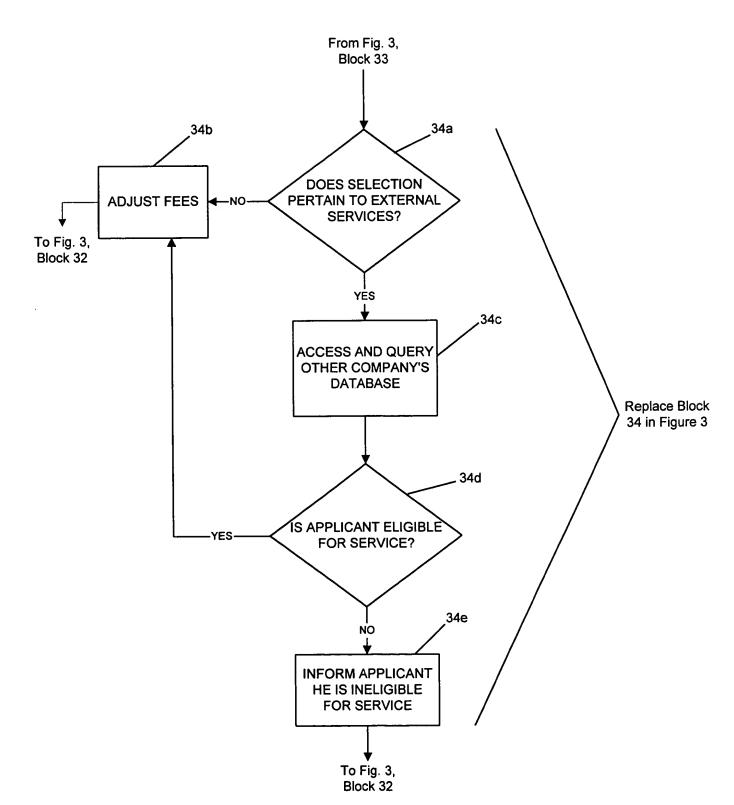
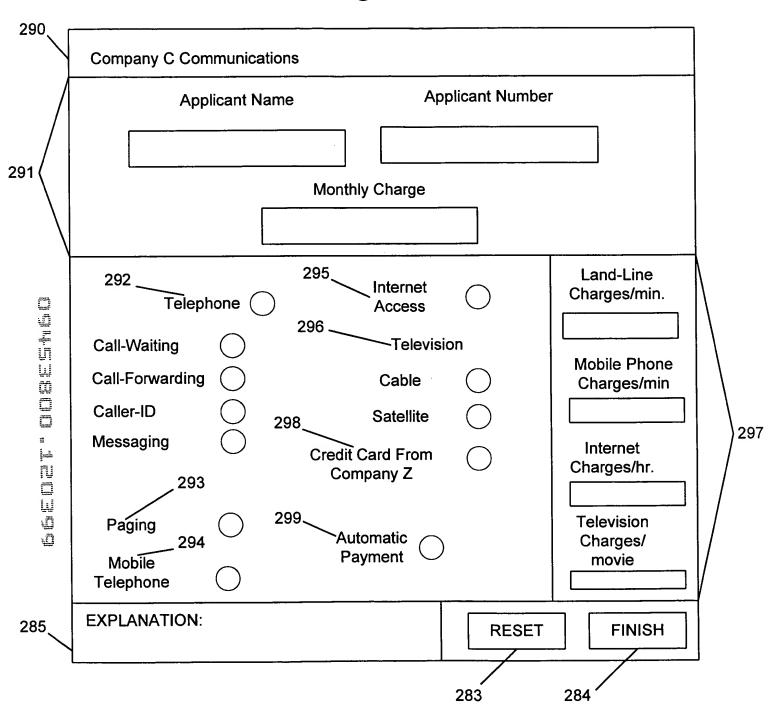


Figure 25



270		9	··· • -·			
	Company A Ins	urance			-]
271	Type of Insurance	Amount	Yearly Fees	Accour	nt No.	
272	Applicant Name		Appl	licant Numb	er	
273	HOME	276 277. Personal Injury and Property 10/20/10 ○ 20/50/20 ○ 100/75/100 ○ 200/100/200 ○ Phone Service From ○ Company X	Collision Comprise State Comprise St	000	Life \$10,000	27
285	\$200,000	Automatic O Payment			FINISH	281
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